

## Field Treatment

1. Basic airway/spinal immobilization prn/control major bleeding prn
2. Oxygen
3. Stabilize flail segment and seal sucking chest wounds prn
4. If unilateral breath sounds and signs of tension pneumothorax, remove sealed dressing and consider needle thoracostomy<sup>①</sup>
5. Advanced airway prn

**Note:** ②

6. Venous access
7. Cardiac monitor/document rhythm and attach EKG strip<sup>③</sup>

### PERFUSING

8. Reassess for potential deterioration

### POOR PERFUSION

8. If continued hypotension, reassess breath sounds. If unilateral, reconsider needle thoracostomy on affected side
9. Consider fluid resuscitation

## Special Considerations

- ① Indications for needle thoracostomy may include a combination of unilateral breath sounds and:
  - ✓ Confusion
  - ✓ Cyanosis
  - ✓ Hypotension
  - ✓ Jugular vein distention
  - ✓ Respiratory distress
  - ✓ Shock leading to cardiac arrest
  - ✓ Subcutaneous emphysema
  - ✓ Tracheal deviation
- ② DO NOT delay transport for treatment.
- ③ Treat dysrhythmias by appropriate guideline.